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FACSIMILE TRANSMITTAL

TO:	FROM:
Name: Mail Stop AMENDMENT Group Art Unit 3764/Examiner Michael Brown	Name: Thomas H. Martin, Esq.
Firm: U.S. Patent & Trademark Office	Phone No.: 330-877-2277
Fax No.: 571-273-8300	No. of Pages (including this): 24
Subject: U.S. Patent Application No. 10/685,776 Gary Karlin Michelson Filed: October 15, 2003 METHOD FOR FORMING THROUGH A GUARD AN IMPLANTATION SPACE IN THE HUMAN SPINE Attorney Docket No. 102.0001-13000 Customer No. 22882 Confirmation No.: 6323	Date: March 3, 2006 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$250.00 total amount to cover the additional claims fee) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 3, 2006.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0001-13000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No: 10/685,776

Filed: October 15, 2003

For: METHOD FOR FORMING THROUGH A
GUARD AN IMPLANTATION SPACE IN THE
HUMAN SPINE

Confirmation No.: 6323

Art Unit: 3764

Examiner: Michael Brown

**RECEIVED
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated February 24, 2006 in the above-identified application.

☐ No additional fee is required.☐ Applicant hereby requests a ***month extension of time to respond to the above office action.

The fee has been calculated as shown below:

The fee has been calculated as shown below:								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	143	-	138	**	5	LG=\$50 SM=\$25	\$50	\$ 250.00
INDEPENDENT CLAIMS FEE	4	-	4	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
TOTAL								\$ 250.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$250.00 to cover the additional claims fee is to be charged to Deposit Account No. 50 3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: March 3, 2006

By: Thomas H. Martin
Registration No. 34,3831567 Lake O'Pines Street, NE
Hartville, Ohio 44632
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PATENT
Attorney Docket No. 102.0001-13000
Customer No. 22882

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In re Application of:)
Gary Karlin Michelson)
Serial No.: 10/685,776)
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For: METHOD FOR FORMING THROUGH)
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IN THE HUMAN SPINE)

Confirmation No.: 6323

Group Art Unit: 3764

Examiner: Michael Brown

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated February 24, 2006, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 18 of this paper.

03/07/2006 EFLORES 00000110 503726 10685776

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Amendment 3-3-06.doc